

Bupa Care Homes (CFChomes) Limited

Cottenham Court Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Cottenham Court Residential and Nursing Home provides accommodation, personal care and nursing care for up to 62 older people including those living with dementia. Accommodation is located over two floors. There were 52 people living in the home when we visited.

This inspection was unannounced and took place on 3 December 2015.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had received training and had an understanding to ensure that where people lacked the capacity to make decisions they were supported to make decisions that were in their best interests. People were only deprived of their liberty where this was lawful.

The provider had a robust recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

People's privacy and dignity were respected at all times. Staff were seen to knock on the person's bedroom door and wait for a response before entering and closing the door to protect people's dignity when providing personal care.

People's health, care and nutritional needs were effectively met. People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines and medicines were stored in a safe way.

Care records we looked at and people who we spoke with showed us that wherever possible people were involved in the planning of their care.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

The provider had effective quality assurance systems in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the provider and registered manager, showed the subsequent actions taken, which helped drive improvements in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were supported to take their prescribed medicines.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Good



Is the service effective?

The service was effective.

People were assessed for their capacity to make day to day decisions. Appropriate DoLS applications were made to the authorising agencies to ensure that people's rights were protected.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Good



Is the service responsive?

The service was responsive.

People were encouraged to maintain hobbies and interests.

People's care records were detailed and provided staff with sufficient guidance to provide consistent, individualised care to each person.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Good



Is the service well-led?

The service was well-led.

There were various opportunities for people and staff to express their views about the service.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Good



Cottenham Court Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 3 December 2015. It was undertaken by two inspectors.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications.

Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection

During our inspection we spoke with twelve people and four relatives. We also spoke with the registered manager and eight staff who work at the home. These included one nurse, four care assistants, chef, administrator and a member of the housekeeping staff. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at three people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, “Yes I feel safe.” Another person said, “Oh yes I am very safe and well looked after.” A relative told us “I feel that [family member] is very safe, we feel very comfortable, [family member] has settled brilliantly.” Another relative said, “I have no concerns or worries as [family member] is in safe hands.”

All the staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, “I would speak to the manager if I had any concerns.” Another said, “I would always escalate concerns. The safeguarding number is available in the office and near to the entrance to the home.”

People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw documented ‘repositioning charts’ for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. We noted that as a result of this monitoring and where appropriate, staff had made referrals to the relevant healthcare professionals. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people’s risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff were aware of the provider’s reporting procedures in relation to accidents and incidents. The registered manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example where a person had had a number of falls they had been referred the person for a medication review.

People we spoke to had mixed views about whether there were enough staff to meet their care needs. One person told us that there were always staff around, “[Staff are]

always backwards and forwards, one of them [staff] always about.” Another person said, “Sometimes we have to wait a long time for the staff to answer the buzzer.” A third person said, “They are very good, they come as quickly as they can in response to the call bell. Sometimes there are not enough of them around if you just want to chat.” A member of staff said, “Generally there are enough staff but mornings can be very busy especially on the top floor.” Another said, “It is ok but busy. There is not a lot of time to spend with people and it’s difficult when people want to chat.” A third member of staff said, “There are enough staff, people are well looked after and you can see they are happy.”

The registered manager used agency staff to cover vacancies and short notice staff absences. Where possible they try and use agency staff that have previously worked at the home to provide consistent care. The rotas showed there was enough staff on duty to meet people’s needs. We noted that on the ground floor everybody had been assisted to get dressed ready for the day before ten o’clock. However people on the first floor people still required support in getting up at eleven o’clock. The registered manager assured us that they would look at the deployment of staff especially in the mornings. Call bells were responded to in a timely way.

The registered manager told us that they assessed regularly the number of staff required to assist people with higher dependency support and care needs in line with their company’s policy on staffing levels. Records we looked at confirmed this.

People’s relatives told us they felt there were enough staff. One relative told us, “I can’t fault the care and staff are always around and very attentive to [family members] needs.”

Our observations showed that people were supported by staff with their medication in an unhurried, discreet, and safe manner. The medication trolley was attended at all times by staff and it was observed that the staff member only signed that medication had been given once the person had swallowed it. Staff told us that they received medication training and that their competency was assessed. Records we looked at confirmed this.

Records of medication administered were complete and we saw that all medication was stored securely and at the correct temperature. Staff we spoke with who administered medication were clear on how medication was to be

Is the service safe?

administered. Records were in place to document what time the medication round commenced and finished. We spoke with the registered manager as the round on the first floor had not been finished until after eleven o'clock. The afternoon medicines medication round commences at one o'clock. This only gave a maximum of two hours between administrations. The member of staff administering the medicine was very attentive to each person and spent time talking to them and supporting them with their other personal care needs, which was one reason the medication round was taking so long. The registered manager assured us they would carry out an observation and ensure people's wellbeing was not being affected and that appropriate timings were happening between the administration of medicines.

Appropriate arrangements were in place for the recording of medication administration. Frequent checks were made on these records to help identify and resolve any discrepancies promptly. This ensured that people received their prescribed medication in a safe way.

Staff confirmed that they did not start to work at the home until their pre-employment checks including a satisfactory criminal records check had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start work at the home. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work with people living at the care home.

Is the service effective?

Our findings

People told us the staff met their needs well. One person told us, “I am very happy with the staff and they always come and help me when I need it.” Another person told us that, “Staff know what I need help with.” Staff stated that they had the all the training and support they required to do their job.

Staff told us they received regular supervision and support. This was to ensure they had the opportunity to discuss their support, development and training needs. Training records showed that staff had received training in a number of topics including fire awareness, infection control and food safety, moving and handling, safeguarding people. A member of staff said, “The training I have received has been great although I haven’t received specific training to support people living with Parkinson’s, but I can meet their daily needs well.” We spoke with the registered manager who said they would arrange for some training sessions to take place so staff are provided with an overview into people living with Parkinson’s.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

All of the staff we spoke with understood and were able to demonstrate that they knew about the principles of the MCA and DoLS. The nurse and staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the

legislation and was ensuring that people’s rights were protected. The registered manager had submitted one application for DoLS to the supervisory body (local authority) but the outcome of this was not yet known.

People and their relatives spoke positively about the quality, quantity and choice of food that was on offer. One person said, “The food is very good.” Another told us, “We are well fed and we can always ask for more.” One relative told us, “The food is well cooked and just how [family member] likes it.” People and their relatives also said staff ensured people drank plenty of fluids. One person’s relative told us they saw drinks being offered regularly. Another told us, “[The staff] are very good at keeping [my family member] hydrated and I am able to help myself to a drink.”

We saw that staff respected people’s decision about where they wanted to eat their meals and assisted them where appropriate. Staff encouraged people to be as independent as possible with their meal. For example, people had the use of plate guards and or specialised cutlery. We saw staff chatted with people and provided encouragement to eat. People were provided with assistance when they required it. Staff gave each person the time they needed and did not try to rush them. Although we saw one member of staff supporting two people at the same time. The manager told us this was not usual practice and would speak with the member of staff to ensure that it didn’t happen again.

Special diets were provided to people who required them and people were referred to a dietician when needed. We saw that some people’s diets included “nourishing drinks.” This showed that people at an increased risk of malnutrition or dehydration were provided with meal options which supported their health and well-being. We noted that where people’s intake of food or fluid was being monitored, the records were completed accurately.

People told us that their health care needs were met. One person said, “[The staff] call a doctor if I need one.” Another person told us, “The district nurse has been in to see me and sorted everything out.” One relative said, “They [staff] will ring me and say if there is a problem, and let me know they would be calling the doctor. They are always very good at keeping me updated on [family members] health.” Another person’s relative told us, “If there are any medical problems, they call the doctor in straight away.”

Records showed that people’s health conditions were monitored regularly. They also confirmed that people were

Is the service effective?

supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician and therapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Is the service caring?

Our findings

People told us staff were kind, caring and respectful. One person said, “[The staff] are very nice, respect my choices and are very helpful.” Another person told us, “The staff are kind. They are always respectful. We have a laugh and a joke.” A third person told us, “The staff are marvellous. We are always laughing and chatting.” Relatives were positive about the staff. One said “The staff are “very patient and caring.” Another said, “The staff are so patient and kind.”

Staff knew people well and told us about people’s history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people’s care plans. Although one person told us that they didn’t like it when a male member of agency staff came into their room. The registered manager told us that they would ensure that agency staff were aware so as to provide the person with their preferences.

Everyone told us that visitors were made welcome at the home. One person told us, “I like it that my relatives can visit whenever they want.” A relative we spoke with was complimentary about the friendliness of all staff at the home whenever they came to visit. We saw there were various areas of the home for people to socialise in addition to the house lounges.

People were supported and encouraged to make day to day decisions. For example, one person told us, “I go to bed when I want and I get up when I want.” We saw people being asked what they would like to eat and drink and how they would like to spend their time.

People told us that staff respected their privacy and dignity when supporting them. One person said that staff knocked on their bedroom door when they wanted to enter and waited for a response. This was confirmed by our observations throughout our inspection. This meant that staff respected and promoted people’s privacy.

One relative told us “Staff treat people with respect and dignity and will have a laugh with them. Staff also ensure all care is undertaken in private and consented to. They encourage residents to do what they can for themselves.” We noted that care was provided in a discreet manner and records were on the whole written in a respectful way. We noted that when a person was asked if they would like to go to bed before seven pm they had said they weren’t ready. The staff member had written ‘They refused to go to bed’. This did not always show that staff respected people’s choices.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Is the service responsive?

Our findings

People, and their family members, said that staff met people's care needs. One person told us, "I am looked after really well here." A relative said "Staff are very good at meeting people's needs." A member of staff told us, "I like to maintain people's routines as much as possible. This includes what time people like to get up or go to bed. We're try to be as flexible as we can be and try to keep families involved in people's care as much as possible."

Pre admission assessments were undertaken by the registered manager. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. People were encouraged to spend a day at the home before they moved in. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with people's care planning.

We looked at four care plans. They contained specific documents, to be maintained by staff, to detail care tasks such as personal care having been undertaken. Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw that records were in place to monitor and respond to these risks. Daily records contain detailed information about the care that staff provided to meet their needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required.

People said that staff understood the support that they needed and this was provided for them. They said that staff responded to their individual needs for assistance. One person said: "Although staff know what my needs are, they always ask me before helping me". People said that they would be happy to tell staff how they would like their care. One person said: "Staff are very helpful and always do what I ask".

Staff we spoke with were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred. One

member of staff explained to us how they always encouraged people to choose the clothes they wished to wear. They said "The little things matter to people and it may only involve what clothes they wish to put on first".

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered an alternative meal if they did not want what they had chosen or what was on the menu for the day. People were offered a choice of cold drinks which included a sherry, wine and soft drinks during their meal. Tea and coffee was available after their meal.

There was a weekly plan for the activities on offer for people which, included music and movement, arts and crafts, quizzes. We observed people listening to music, watching television. A group of people were helping decorate the Christmas tree whilst listening and singing along to Christmas Carols. Relatives and visitors were in the home during the morning and afternoon period. Overall, we saw that people were happy with lots of smiles and laughter and were enjoying what they had chosen to do.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings.

Everyone we spoke with told us they would be confident speaking to the manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no problem speaking up if I have any concerns. Another person said, "Oh yes I would talk to anyone of the carers." A relative said, "I have no complaints the home is five star and we go away knowing that [family member] is well looked after."

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time at Cottenham Court. The home had a complaints procedure which was available in the main reception. We looked at a recent complaint and saw that it had been investigated and responded to satisfactorily and in line with the provider's policy. The registered manager had also discussed the issues with staff at the team meeting. This showed us that the service responded to complaints as a way of improving the service it provided.

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. People we spoke with said that they knew who the registered manager was. One person said, “They [registered manager] are lovely and always come to speak with me.” Another person said, “They [registered manager] are wonderful and always coming to see us [people who use the service] every morning they are here.”

The registered manager was very knowledgeable about what was happening in the home, which staff were on duty, people whose health required a GP visit or other professional support such as the dietetic nurse. This level of knowledge helped them to effectively manage the home and provide leadership for staff.

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. The registered manager had put together a comprehensive action plan. This allowed them to continually reflect on the action that was needed to make further improvements to the home. The provider had recently carried out redecoration to the main entrance and the lounges.

Staff told us that they felt supported by the registered manager. One staff member said, “They [registered manager] are very supportive and I can go and discuss any concern or ideas I have.” Another said, “I love working here. I am well supported by both the management and the people I work with and the residents are well cared for.”

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, “I would have no hesitation in raising a concern if I thought something wasn’t right.”

Staff felt there was good teamwork. One of them said, “We are a good team. We are very good at supporting each other.” Another staff member told us, “We are a good team and can always ask each other for help if we need it.” One person said, “The staff are very friendly and help each other out, the atmosphere is good and we laugh a lot.”

There were regular staff meetings for all staff during which they could discuss their roles and suggest improvements to

further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

People were given the opportunity to influence the service that they received through residents’ meetings and by completing an annual survey to gather their views. People told us they felt they were kept informed of important information about the home and had a chance to express their views.

People told us they visit the local community and shops. They enjoyed outings to local shops and pubs.

There were effective quality assurance systems in place that monitored people’s care. We saw that the registered manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people’s safety.

Records showed that the registered provider referred to these action plans when they visited the home to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the nurses regularly ‘work alongside them to ensure they were delivering good quality care to people.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.